



Division on Deaf & Hard of Hearing - Michigan Commission on Disability Concerns - Department of Labor and Economic Growth
201 N. Washington Square, Ste 150, Lansing, MI 48909 • 877-499-6232 T/V
This program is jointly supported by: Michigan Department of State Police • Michigan Sheriffs' Association
Michigan Association of Chiefs of Police • Michigan Fraternal Order of Police • Michigan Commission on Law Enforcement Standards
With the cooperation of the Division on Deafness and Deaf Community Advocacy Network (DEAF C.A.N.).
John Engler, Governor
James K. Havenan, Jr., Director
MDCH is an Equal Opportunity Employer, Services and Programs Provider.
100,000 printed at 4.9 cents each with a total cost of \$4,950.



I am a Deaf or Hard-of-Hearing person and may use speech-reading to communicate. If there is a lot of background noise (i.e. traffic passing by) our communication may become extremely difficult and possibly require using a different window or finding a quieter location to improve my ability to understand your directions or questions. The following suggestions will also improve our communication: • Look directly at me when you speak • Speak clearly at a reasonable pace • Do not shout • Do not block my vision by placing obstacles in front of your face or in your mouth or shining a flashlight in my eyes. Your patient, relaxed and positive demeanor will assist my ability to understand what you say. If necessary, please allow me to communicate with you by writing notes to each other. If I use a hearing aid, please remember that it is an "aid" and not a cure for my hearing loss.

☐

And/or

I am a Deaf or Hard-of-Hearing person. In some situations it may be difficult for you and me to communicate effectively. In the event of a medical emergency or in police or legal proceedings, I am entitled to have a sign language/oral interpreter provided under the Americans With Disabilities Act, the Rehabilitation Act of 1973 (Section 504) and PA 204 of 1982. To ensure my legal rights, please arrange for a Nationally Certified or a State Qualified Interpreter to facilitate our effective communication.

☐

Name: _____ Address: _____
Signature: _____ City: _____
Zip: _____

FOLD HERE

Communication Access Needs



I Am Deaf or Hard of Hearing

